PROFIT -CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 



P97000097438

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## Secretary of State

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90035 030 \*\*\*150.00

T.F. PUN	MP REPAIR, INC				•						
Principal Place	e of Business	Mailing Address				( \$001100f)	(OLS ITOU COUR OCH	I MAIIK MAIKA I	KRU 1884 81888	(11 <b>4</b> 1 1 <b>5</b> 11 <b>550</b> f	
1836 7TH AVE N 1836 7TH AVE N LAKE WORTH FL 33461 LAKE WORTH FL 33461							DO NOT WRIT	E IN THIS	SPACE		
					. 1	3. Date Incorpora	ted or Qualifed	-	•		
<u>.</u>		<del></del>				01/01/1998			1 1 4	tion for	
2. Principal P	2a. Mailing Address 26 (836 7 ♣ Ave	136 76 Avenue No <del>rth</del>			4. FEI Number 65-0799704			Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired					
City & Stat	te	City & State				6 Election Campa	aign Financing		\$5.00	May Be	
23		28	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry	}	8. This corporation	n awes the curre	nt year Inta		_	
24	25	29	30			Personal Property Tax.					
	9. Name and Address of Curr	ent Registered Agent				10. Name and Add	dress of New Re	gistered /	Agent		
				81 Name							
FARLEY, TIM 329 MARTIN AVE				82 Street	Addres	ress (P.O. Box Number is Not Acceptable)					
GREENACRES FL 33463			ļ	83		·		_			
									Ta-1 = 7		
				84 City				FL	85 Zip C	ode	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the oblination of the section of the se	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Stati	by the corp	oration	s board of directors	. I hereby accept	the appoir	trnent as reg	gistered	
12.		AND DIRECTORS	13.			ADDITIONS/CH	ANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE		☐ DELETE	1.1 Til	LE	CD	PST			Change	Addition	
NAME	•		1.2 NA	ME	710	n FARLEY					
STREET ADDRESS			1.3 ST	REET ADDRESS	329	? MARTIN	AVENUE				
CITY-ST-ZIP	ļ	1.4		Y-ST-ZiP	GR	eenacres	FCA	334	63.		
TITLE		☐ DELETE	2.1 TI	LE					Change	☐ Addition	
NAME			2.2 NA	ME	ļ					}	
STREET ADDRESS	·		2.3 ST	REET ADDRESS						1	
CITY-ST-ZIP			2.4 C	TY-ST-ZIP							
TITLE	1	☐ DELETE	3.1 TII	LE .		-	••		Change	☐ Addition	
NAME	1		3.2 N	ME	Ì					1	
STREET ADDRESS			3.3 \$7	REET ADDRESS							
CITY-ST-ZIP	·		3.4. CI	TY-ST-ZIP							
TITLE		☐ DELETE	4.1 TT	LE		•			☐ Change	Addition ]	
NAME			4. 2 N								
STREET ADDRESS	}		4.3 ST	REET ADDRESS	}					}	
CITY-ST-ZIP			_	Y-ST-ZIP	<u> </u>					- Addition	
TITLE	: '	☐ DELETE	5.1 TO			•			Change	☐ Addition	
NAME			5.2 NA		]		•			•	
STREET ADDRESS				REET ADDRESS							
CITY-ST-ZIP		<del></del>		Y-ST-ZIP	<u> </u>				Character	□ Addition	
TITLE		☐ DELETE	6.1 TT		]				☐ Change	☐ Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

≤61·642-<del>8</del>96